Texas Department of
Family and Protective Services

Form K-911-2063
Revised April 2018

RELEASE OF CONFIDENTIAL INFORMATION

Purpose: Use this form to obtain the client's voluntary approval to release confidential information to an individual or entity with whom the Department of State Health Services (DSHS) or the Health and Human Services Commission (HHSC) contracts to provide substance abuse services, counseling, or referrals.

Note: For children in substitute care, use Form 2060 Consent for Release of Confidential Alcohol or Drug Information.

Confidentiality: Confidential DFPS data or sensitive personal information, including personally identifiable information (PII) and protected health information (PHI), transmitted over external network connections must be encrypted. For more information, see Information Security Standards Addendum A.

Directions: The client completes the form (with the caseworker's assistance, if necessary). The caseworker collects the completed form and submits it electronically or by mail to the substance abuse services provider. Follow regional policies on how long to keep the form on file.

Help: If you have questions about the form, contact the regional contracts point of contact or the substance abuse program specialist at state office.

RELEASE OF INFORMATION

I, _____, voluntarily give the Texas Department of Family and Protective Services (DFPS) permission to release the following information to an individual or entity with whom the Department of State Health Services (DSHS) or the Health and Human Services Commission (HHSC) contracts to provide substance abuse services, counseling, or referrals:

(Check all that apply)

- ☐ Name and address
- ☐ Date of birth
- ☐ Previous substance abuse history
- ☐ Current substance abuse issues
- ☐ Other (please specify)
- ☐ Contact phone number(s)
- ☐ Social Security number
- ☐ Substance abuse-related information from current CPS case
- ☐ Results of drug tests

I understand that I am being referred to a person or entity that contracts with DSHS or HHSC for a screening and assessment to determine whether I have a substance abuse problem, and if so, what level and kind of substance abuse services I need, if any. I understand that this information is needed so the person conducting the screening and/or assessment can discuss the substance abuse issues with me.

I further authorize the provider (enter provider's name) _____ to disclose to the following information to DFPS, the attorneys representing DFPS, me or my child, and the appropriate state district or county court having jurisdiction of any proceedings brought by DFPS in which I am a party:

- ☐ Results from screening/assessment
- ☐ Referrals made
- ☐ Diagnostic impressions
- ☐ Treatment plans and evaluations
- ☐ Admission reports
- ☐ Clinician's notes
- ☐ Discharge plans/reports
- ☐ Referral follow up
- ☐ Other (please specify)
- ☐ Drug test results/statements of use
- ☐ Recommended services
- ☐ Attendance
- ☐ New threats to child safety
- ☐ Client progress/notes
- ☐ Compliance with treatment

This disclosure of information is for the following purposes:

☐ Monitor progress
☐ Share information with the court

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I have read the notice of Confidentiality of Alcohol and Drug Abuse Patient Records provided to me by DFPS.

I also understand that I may revoke this consent at any time except to the extent that action has already been initiated in reliance on the released information. I may revoke this authorization at any time by giving notice to the provider(s) listed above that I do not consent to the release of any further information. I also understand that a provider cannot condition treatment, payment, enrollment, or eligibility for benefits based on whether I sign this form.

If I have not revoked it earlier, this consent expires automatically one year from the date I sign this form, or when the following event or conditions occur:

(Please provide specifics of the date, event, or condition upon which this consent expires. For example, "Upon conclusion of any court proceedings regarding my children in which DFPS is a party.")

SIGNATURES	
Adult (when adult is receiving services): X	Date Signed:
Youth (only when youth is receiving services): X	Date Signed:
DFPS Caseworker: X	Date Signed: